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## APPLICANTS

Jeffrey A. Von Arx, Minneapolis, MN;

Michael J. Lyden, Shoreview, MN;

William J. Linder, Golden Valley, MN; Scott T. Mazar, Inver Grove Heights, MN;

Allan T. Koshiol, Lino Lakes, MN;

Mark Gryzwa, Woodbury, MN;

Dorothy Nauman, Stillwater, MN;

Scott Hostine, Woodbury, MN;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 4	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

21186

SCHWEGMAN, LUNDBERG, WOESSNER &amp; KLUTH

1600 TCF TOWER

121 SOUTH EIGHT STREET

MINNEAPOLIS, MN

55402

## TITLE

Two-hop telemetry interface for medical device

☐ All Fees

<b>FILING FEE</b>  <b>RECEIVED</b> <b>1446</b>	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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